

## PART B - FEE(S) TRANSMITTAL

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27469

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01/15/2004

**MALLINCKRODT & MALLINCKRODT.**  
**10 EXCHANGE PLACE, SUITE 510**  
**SALT LAKE CITY, UT 84111**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Robert R. Mallinckrodt

(Depositor's name)

*Robert R. Mallinckrodt*

(Signature)

April 15, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/081,443	02/22/2002	John P. Millward	334-1-002	9392

**TITLE OF INVENTION:** DRY CROP SUPPLEMENT INJECTION SYSTEMS, MICRONIZED CROP SUPPLEMENTS FOR USE IN INJECTION SYSTEMS. AND METHODS FOR INJECTION OF CROP SUPPLEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	04/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOOHOO, TONY GLEN	1723	366-167100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mallinckrodt &  
 1. Mallinckrodt  
 Robert R.  
 2. Mallinckrodt  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-1175 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

April 15, 2004

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04/20/2004 HLE444 00000098 10081443

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

30.00 OP

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